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PATENT
Attorney Docket No.: 021356-000500US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On September 16, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: *JoAnn Evangelista*
JoAnn Evangelista

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

TIM ETCHELLS et al.

Application No.: 10/750,370

Filed: December 30, 2003

For: MEDICAL DEVICE INLINE
DEGASSER

Customer No.: 20350

Confirmation No. 4883

Examiner:

Technology Center/Art Unit: 3762

**SUPPLEMENTAL PRELIMINARY
AMENDMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced application, please enter the following amendments and remarks:

Amendments to the Drawings begin on page 2 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.

Remarks/Arguments begin on page 3 of this paper.



PTO/SB/21 (04-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/750,370
Filing Date	December 30, 2003
First Named Inventor	ETCHELLS, TIM
Art Unit	3762
Examiner Name	
Attorney Docket Number	021356-000500US
Total Number of Pages in This Submission	7

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Preliminary Amendment Replace Drawing of Fig. 1 Annotated Drawing of Fig. 1 Return Postcard
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP James M. Heslin	Reg. No. 29,541
Signature		
Date	September 16, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	JoAnn Evangelista		
Signature		Date	September 16, 2004